



CANNON BUILDING
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DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF NURSING

TELEPHONE: (302) 744-4500
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EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR TEMPORARY PERMIT FOR ADVANCED PRACTICE REGISTERED NURSE INSTRUCTIONS

When to File

File this form **ONLY IF** you have **already filed** or you are **simultaneously filing** an application for a [Delaware Advanced Practice Registered Nurse \(APRN\) license](#).

General Information

A Temporary APRN Permit allows you to practice as an APRN in Delaware until your APRN license is issued.

- Delaware APRN temporary permits are not valid for work in any other jurisdiction.
- If you are not yet nationally certified, you must be supervised while working under a temporary permit.
- If you meet all requirements for prescriptive authority, *including national certification*, you will have prescriptive authority while practicing under a temporary permit. However, if you are not yet nationally certified, you will not have prescriptive authority while practicing under the temporary permit. See [Prescriptive Authority](#).
- If you have practiced as an APRN less than two years **or** fewer than 4,000 hours, you must have a collaborative agreement to practice as an APRN in Delaware, including practice under a temporary permit.
- If you fail your national certifying examination, your temporary permit will terminate immediately. You may petition the Board for an extension. See Section 8.10.5.1.1 of the Board's [Rules and Regulations](#).

Requirements for a Temporary APRN Permit

- ☐ Submit completed and signed *Application for Temporary Permit for Advanced Practical Registered Nurse*.
 - Answer all questions unless the instruction says to skip them. Do not leave answers blank if the instruction says to enter them. If an answer is "none," enter *None*. Incomplete applications will be rejected.
- ☐ Enclose the non-refundable [temporary permit fee](#) by check or money order made payable to "State of Delaware."
 - If submitted without this processing fee, your application will be rejected.
 - Even if your application is not approved, the processing fee will not be refunded.
- ☐ Enclose a copy of your certification document or current recertification card.
 - If you are not yet certified, request the certifying organization to submit a letter verifying your eligibility to take the examination.
- ☐ If you have practiced less than two years **or** fewer than 4,000 hours and you did not submit a Collaborative Agreement in connection with your APRN application, submit a [Report of Collaborative Agreement Change](#) form.

In addition to the requirements above, we must receive your State of Delaware and Federal Bureau of Investigation criminal history report **before** issuing the temporary permit. The instructions and form you need are included with the APRN license application.

We will issue your temporary permit within seven business days of receiving all required information. To verify when it is issued, see [Search & Verify a Professional License](#). We will mail the permit to you. You cannot pick it up at our office. The permit expires 90 days from issuance. However, if you are not yet certified and you fail the certifying examination, the permit terminates immediately.

Do not begin employment until you are assigned a temporary permit number.



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TYPE OF APPLICATION

1. Select the APRN specialty for which you are applying. Check only **one** role.

- ☐ Certified Registered Nurse Anesthetist (CRNA)
- ☐ Certified Nurse Midwife
- ☐ Certified Nurse Practitioner (NP) – Check **one** population focus in this role:
☐ Adult/Gerontological ☐ Family ☐ Neonatal ☐ Pediatric ☐ Psychiatric/Mental Health
☐ Women's Health/Gender-Related
- ☐ Clinical Nurse Specialist (CNS) – Check **one** population focus in this role:
☐ Adult/Gerontological ☐ Family ☐ Neonatal ☐ Pediatric ☐ Psychiatric/Mental Health
☐ Women's Health/Gender-Related

2. Have you *already filed* or are you *simultaneously filing* an application for a [Delaware Advanced Practice Registered Nurse \(APRN\) license](http://DPR.DELAWARE.GOV)? Yes ☐ No ☐ If no, you **must** file an APRN application at the same time you file this application.

IDENTIFYING AND CONTACT INFORMATION

3. Full Name: _____
Last First Middle Maiden

4. Mailing Address: _____
City State Zip

5. Phone: _____ Email: None ☐

6. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

SUPERVISORY/COLLABORATIVE REQUIREMENTS

7. Have you been granted national certification in your specialty? Yes ☐ No ☐
- If yes, enclose a copy of your certification document or current recertification card.
 - If no, request the certifying organization to submit a letter verifying your eligibility to take the examination. While you are practicing under a temporary permit, you must be supervised, and you will not have prescriptive authority.
8. Have you practiced as an APRN at least two years **and** at least 4,000 hours? Yes ☐ No ☐
- If yes, you may practice as an APRN in Delaware without a collaborative agreement.
 - If no, you must have a collaborative agreement *before* you begin to practice as an APRN in Delaware. File a [Report of Collaborative Agreement Change](#) form if you did not submit a Collaborative Agreement in connection with your APRN application.

Applicant Signature: _____ **Date:** _____

APPLICATIONS THAT ARE UNSIGNED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED PROCESSING FEE WILL BE REJECTED.